

the safety and regulatory oversight to this agency to make sure that we are streamlining the certification process for our aviation industry that is manufacturing everything from Boeings to Gulfstreams, to the avionics, to the parts that go into these flying systems.

We have got to maintain our lead in the world. The way we do that is to streamline the certification process. The gentleman from Washington, who has Boeing in his district, agrees with me on that issue. There is a lot more in this that we need to do to move forward.

I think, as we get through September and into October, we are going to be able to see the bill that we have put forth that is going to have, I believe, bipartisan support not only from Congress, but around the country, around Washington, D.C., and, as I said, here in the House. In talking to the Senate, I am encouraged by what they have said about what we are looking at proposing.

Again, I would encourage all Members to support this 6-month extension to give us the time to get our bill on and off the floor and let the Senate work on it so we can truly do something that is bold, do something that is transformational, and do something that will be very, very positive for aviation, not only travel, but for the manufacturing industry in this country.

Mr. DEFAZIO. Mr. Speaker, I have requests to speak from Members who aren't here.

I yield back the balance of my time.

Mr. LOBIONDO. Mr. Speaker, again, I would like to thank Mr. SHUSTER, Mr. DEFAZIO, and Mr. LARSEN. I urge all my colleagues to support the legislation.

I yield back the balance of my time.

Ms. ESHOO. Mr. Speaker, with passage of H.R. 3614 today, the House will "kick the can down the road" on a long-term FAA reauthorization for another six months. I certainly recognize the dire need to keep our airports and air travel system functioning in the face of an expiration of the FAA's authorization in less than 72 hours. However, I'm very disappointed that this bill does not contain any changes to current policy regarding aircraft noise impacts on communities surrounding airports.

Over the last several months, constituents throughout my Congressional District have experienced an alarming increase in aircraft noise due to the implementation of new flight paths under the FAA's Next Gen program. The new flight paths have caused certain communities to be hit especially hard by airplane noise, and other rural communities that have never experienced it are now being bombarded by noise. Many of these communities received little or no advance notice or opportunity to comment on the flight path changes before they were implemented, and they were blindsided when the changes went into effect earlier this year.

In July, I joined the Congressional Quiet Skies Caucus so that together we could make recommendations for the Transportation Committee to include in an FAA reauthorization bill. These recommendations include: ensuring that

FAA completes a robust community engagement process before flight paths are changed; requiring the FAA to use a new method of measuring noise that captures the true levels of noise on the ground; removing the categorical exclusion from full environmental reviews for flight path changes; and mandating independent research on the health impacts of aviation noise. These important reforms would substantially improve the FAA's process of addressing and avoiding noise impacts.

Once again, I wish to express my disappointment that the bill before us today simply reauthorizes the FAA for another six months with none of these important changes included. As the debate over a long-term FAA reauthorization continues, I hope these recommendations will be carefully considered and ultimately included in the final legislation. The ability to get a good night's sleep for thousands of my constituents depends on it.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. LOBIONDO) that the House suspend the rules and pass the bill, H.R. 3614.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

EQUITABLE ACCESS TO CARE AND HEALTH ACT

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2061) to amend section 5000A of the Internal Revenue Code of 1986 to provide an additional religious exemption from the individual health coverage mandate, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2061

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Equitable Access to Care and Health Act" or the "EACH Act".

SEC. 2. ADDITIONAL RELIGIOUS EXEMPTION FROM HEALTH COVERAGE RESPONSIBILITY REQUIREMENT.

(a) IN GENERAL.—Section 5000A(d)(2)(A) of the Internal Revenue Code of 1986 is amended to read as follows:

"(A) RELIGIOUS CONSCIENCE EXEMPTIONS.—

"(i) IN GENERAL.—Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that—

"(I) such individual is a member of a recognized religious sect or division thereof which is described in section 1402(g)(1), and is adherent of established tenets or teachings of such sect or division as described in such section, or

"(II) such individual is a member of a religious sect or division thereof which is not described in section 1402(g)(1), who relies solely on a religious method of healing, and for whom the acceptance of medical health services would be inconsistent with the religious beliefs of the individual.

"(ii) SPECIAL RULES.—

"(I) MEDICAL HEALTH SERVICES DEFINED.—For purposes of this subparagraph, the term 'med-

ical health services' does not include routine dental, vision, and hearing services, midwifery services, vaccinations, necessary medical services provided to children, services required by law or by a third party, and such other services as the Secretary of Health and Human Services may provide in implementing section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act.

"(II) ATTESTATION REQUIRED.—Clause (i)(II) shall apply to an individual for months in a taxable year only if the information provided by the individual under section 1411(b)(5)(A) of such Act includes an attestation that the individual has not received medical health services during the preceding taxable year."

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2013.

(c) CONSTRUCTION.—Nothing in the amendment made by subsection (a) shall preempt any State law requiring the provision of medical treatment for children, especially those who are seriously ill.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2061 currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I rise to speak in favor of the EACH Act. This bill would expand the religious liberty exemption to the individual mandate. Right now the exemption is minuscule. To qualify, you have to believe as a matter of faith in giving up any private or public insurance, including Social Security. That includes the Amish, the Order of Mennonites, and that is about it. That is way too strict.

Let's remember the reason for this mandate in the first place. The other side said that, if you get sick and you don't have insurance, the rest of us will have to pay for your health care. Well, we are talking about people who do not use health care. So why should they have to be forced to buy insurance for health care that they don't use?

I don't think we should force anybody to buy health insurance against their will, for that matter, but I think it is especially wrong to force people to buy insurance against their faith. This bill simply says: If you, as a matter of faith, don't use health care, then you are exempt from the individual mandate.

I am glad we are working on this long overdue change today. I would note that this came out of committee on a voice vote. I encourage Members to support it.

Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. Mr. Speaker, I yield myself such time as I may consume.

The current religious exemption from ACA mirrors other religious exemptions used in the Internal Revenue Code. The EACH Act provides that anyone who “is a member of a religious sect that relies solely on religious methods of healing and for whom medical care is inconsistent with religious beliefs” can claim a religious exemption from the individual mandate requirement.

As a step to maintain a narrowly defined religious exemption and meet concerns, this legislation is written more precisely than the previous bill that passed unanimously in this House.

Mr. Speaker, I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 5 minutes to the gentleman from Illinois (Mr. RODNEY DAVIS), the author of the EACH Act.

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank Chairman RYAN for his leadership on this issue. I really appreciate the Committee on Ways and Means allowing me, a noncommittee member, to be able to take this important piece of legislation to the floor today.

Today this Congress has an opportunity to work in a bipartisan way to promote religious liberty and, frankly, Mr. Speaker, fairness. H.R. 2061, the EACH Act, does this by modestly expanding the religious conscience exemption under the Affordable Care Act to include individuals like Christian Scientists, who rely solely on religious methods of healing.

The existing religious conscience exemption under the Affordable Care Act exclusively applies, as Chairman RYAN said, to a few certain sects of faith. As a result, many Americans—as I mentioned before, the Christian Scientists—are required to purchase medical health insurance that does not cover the health care of their religious practice or choice. Alternatively, they are forced to pay tax penalties for not purchasing such insurance.

A similar version of the EACH Act passed this House unanimously under the suspension of the rules during the last Congress. In order to improve the bill, as Mr. LEVIN, my colleague stated, modest changes to this bill’s language were made, with input from the Department of Treasury, the Department of Health and Human Services, and other key stakeholders.

Under this bill’s new language, applicants must annually attest to the exchange that they are a member of a religious group, that they rely solely on a religious method of healing, and that they have not received medical health services during the preceding taxable year.

Additionally, with the help of input from the American Academy of Pediatrics, the bill now makes it clear that the legislation does not preempt any

State laws requiring the provision of medical treatment for children. Further, if a parent needs to provide necessary medical services to a child, doing so would not invalidate the individual’s exemption.

The EACH Act is truly an example of bipartisan legislation with input from stakeholders to make it better. As of today, it has more than 100 Republican and more than 60 Democratic cosponsors.

I am particularly proud to have worked with my friend and colleague, Mr. KEATING, on moving this legislation forward. He knows this issue well. His home State of Massachusetts established a similar religious conscience exemption in State law, and it is working just as planned.

Mr. Speaker, I also represent Principia College in Elsah, Illinois. It is a college for Christian Scientists. I am proud to stand up and promote their religious liberty and that of many others in this great Nation.

I urge a “yes” vote.

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Mr. LEVIN. Mr. Speaker, I yield back the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I think Mr. DAVIS captured it quite well.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. RYAN) that the House suspend the rules and pass the bill, H.R. 2061, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

ENSURING ACCESS TO CLINICAL TRIALS ACT OF 2015

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (S. 139) to permanently allow an exclusion under the Supplemental Security Income program and the Medicaid program for compensation provided to individuals who participate in clinical trials for rare diseases or conditions.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 139

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Ensuring Access to Clinical Trials Act of 2015”.

SEC. 2. ELIMINATION OF SUNSET PROVISION.

Effective as if included in the enactment of the Improving Access to Clinical Trials Act of 2009 (Public Law 111-255, 124 Stat. 2640), section 3 of that Act is amended by striking subsection (e).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gen-

tleman from Texas (Mr. DOGGETT) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 139, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of S. 139, the Ensuring Access to Clinical Trials Act.

The National Institutes of Health says that there are 7,000 rare diseases affecting people in the United States, and if we are going to find cures for those diseases, the first thing we need to do is to get people to participate in clinical trials. All too often, researchers cannot find enough participants because so few people have these diseases in the first place.

Now—no surprise here—the government used to make it more difficult for researchers to find people. Say you had a rare disease and you were on public assistance, like SSI or Medicaid. If you got compensated for participating in one of these trials, you got smaller benefits. That is why, in 2010, we passed the Improving Access to Clinical Trials Act.

For the past 5 years, this law has allowed people to collect up to \$2,000 per year by participating in rare-disease clinical trials without threat of losing their SSI or Medicaid benefits. The GAO says the law is working. Ever since we passed this law, more people on SSI have been participating in clinical trials as a result of it.

The problem is this law expires next week, on October 5, so this bill would simply extend current law. That way, more people can participate in clinical trials without any reason to worry or without any threat to a loss of their benefits, and that way, we will continue to make strides in fighting these diseases. CBO tells us this bill will cost virtually nothing.

My friends, Senator HATCH and Senator WYDEN, introduced this bill in the Senate. It passed the Senate by unanimous consent. In the House, my colleagues Mr. DOGGETT and Mr. MARINO from Pennsylvania have introduced it along with 50 other cosponsors.

I will include in the RECORD a letter listing the many supporters of this legislation. It is a list of over 70 organizations, including the Cystic Fibrosis Foundation, the Muscular Dystrophy Association, and the Huntington’s Disease Society of America, just to name a few.